#### **IDAHO COLLECTION AGENCY ACT**

# Foreign Permittee Collection Agency or Foreign Permittee Debt/Credit Counseling Agency PERMIT APPLICATION CHECKLIST

AGENCY	
ADDRESS	
Check blank when completed. Return this checklist with your application.	CFB Office Use Only
Application Form	
Location of principal office or place of business Other names used (dba's, aka's, etc.) Names of affiliates in this and all other states List of principal officers, owners, partners, directors Background Questions and details if needed	
Application Fee (\$50.00)	
Consent to Service of Process and Examination of Accounts form	
Copy of Filing with Idaho Secretary of State ( 208 / 334 - 2300 )	
Articles of Incorporation/Organization/Agreement and Bylaws	
List of the <b>names of all employees</b> who will contact Idaho debtors	
Toll-Free telephone number for complaints	
Submit the following sample <b>business forms</b> :	
<ul><li>Contracts and disclosure forms for debtors</li><li>All materials used in collections and/or sent to debtors</li></ul>	
Proof of Licensing and Bonding in states other than Idaho:	
<ul><li>Submit copy of ONE current, valid licenses held in a state other than Idah</li><li>Submit copy of ONE current, valid bond held in a state other than Idaho</li></ul>	
DEBT/CREDIT COUNSELORS: Submit a copy of your IRS 501C(3) determina	
Checked for accuracy and completion by:	Examiner Approval & Date:
Print name of applicant's representative:	MARI (etc) Check & Date:
No applicant for an Idaho Collection Agency permit will be denied a permit on the basis of race, religion, cre- sex, age, national origin or political belief.	eed,

### State of Idaho • Department of Finance • Consumer Finance Bureau • P O Box 83720, Boise, Idaho 83720-0031 • Telephone: (208) 332-8002 - Fax: (208) 332-8099 •

#### Foreign Permittee Collection Agency or Foreign Permittee Debt/Credit Counseling Agency

#### **Application for Permit**

	Street	City	State	Zip	Phone	Fax
Assumed Busine	ess Names which you	u intend to use in Idaho	o (attach	o copy of Id	aho Secretary of	State filin
Principal place o	of business, if differe	nt from above.				
	Street	Mail Address			Phone	Fax
f this is a corpo	ration or LLC:					
o. Amendm c. List name	ents to the Articles of and home address,	es of Incorporation/Agr of Incorporation or Byla , date of birth and socia tional sheet, if necessa	aws dur al secur	ing the pas ity number	t year. (Marked <i>E</i> of each and all o	Exhibit
President						
/ice-President .						
Secretary						
. ,						
reasurer						
reasurer Director	Name	Home Addres	s		DO	В
reasurer Director f a partnership/	Name sole proprietorship, l Name	Home Addres list name(s), home add Home Addres	s ress(es	), date(s) o	DO f birth, & social so DO	B ecurity nu B
f a partnership/	Name sole proprietorship, l Name which your agency is	Home Addres	s ress(es s ubmit a	), date(s) or	DO f birth, & social so DO E current license	B ecurity nu B
reasurer Director  f a partnership/s List all states in second	Name sole proprietorship, l Name which your agency is	Home Addres list name(s), home add Home Addres s currently licensed. Su s currently bonded. Su	s ress(es s ubmit a bmit a c	opy of ON	DO f birth, & social so  DO E current license current bond:	B ecurity nu B /permit:
reasurer Director  f a partnership/s List all states in second	Name sole proprietorship, l Name which your agency is which your agency is	Home Addres list name(s), home add Home Addres s currently licensed. Su s currently bonded. Su s with which you are a s for each.	s ress(es s ubmit a bmit a c	opy of ON	DO f birth, & social so  DO E current license current bond:	B ecurity nu B /permit:
reasurer Director  f a partnership/s List all states in s List all states in s Names of all persorincipal offices  Name Complete descriptanchises or letter	Name  Name  Name  which your agency is  sons or organization or places of busines  Address  ption of the business  ter service or prorate	Home Addres list name(s), home add Home Addres s currently licensed. Su s currently bonded. Su s with which you are a s for each.	s ress(es s ubmit a bmit a c ffiliated	copy of ONE the busine	DO f birth, & social so  DO E current license current bond: ess names and lo hone Number on contemplated	B ecurity nu B //permit:

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	_	TARY EAL	-						
SUBSCF					day of				
County	of		_ )						
State of			) ) ss				SEAL		
				_ Phone:		Fax:			
-			-		is form are true and corre		Dato:		
		sheet: the organiza court or regulatory	tion and individ agency in whic	luals involve h the action	d, the title and date of a was taken, and descrip	any court or re otion of the ac	egulatory a		
	(i)		•	-	d accounts or judgmer		details on a		
	(b)	Does the applicant,	or any membe	r or manager	or officer of the applic				
	(g)	Had a permit revoke	-	-	-				
	(f)	judgment by a cour false pretenses, lard any theft offense, a	t for forgery, er ceny, extortion, crime involving	nbezzlement , conspiracy g moral turpi	o, or received a withhe , fraud, obtaining mone to defraud or other like tude, or violating any p actice of law in any stat	ey under e offense, provision			
	(0)		converted to h	is own use o	r illegally withheld moi				
	(e)				not to be paid on his d ulatory agency to have				
	(d)				ulatory agency to have				
	(c)	failed, refused, neg agreed portion of a	lected, on dema	and, to pay o	ulatory agency to have r remit to any client the mittee on any bill, clain permittee for collection	e n,			
	(b)				ulatory agency to have entioned in the Act?	)			
	(a)	Been found by any violated any provisi			ulatory agency to have Agency Act (Act)?	,			
		GROUND INFORMAT ger of the applicant, v		ttee, or any YES	officer or NO				
	standi	licant hereby stipulates as a condition precedent to issuance of permit and continuance of the same in good ding, that no literature or forms of contract not submitted with the application will be used, circulated or ed by applicant prior to the filing thereof in said Department.							
	and I ( requir	we) hereby further co	n is a part of the permanent records of the business of						
					attached Exhibits are t	rue and corre	ect and sucl	n data	

DIRK KEMPTHORNE GOVERNOR

> GAVIN M. GEE DIRECTOR

## STATE OF IDAHO DEPARTMENT OF FINANCE

CONSUMER FINANCE BUREAU P O BOX 83720 - BOISE ID 83720-0031 TELEPHONE: (208) 332-8061 FAX: (208) 332-8099



#### IDAHO COLLECTION AGENCY ACT

#### CONSENT TO SERVICE OF PROCESS AND CONSENT TO EXAMINATION OF ACCOUNTS

Idaho Code §26-2225(11) provides that every applicant for a collection agency permit shall execute an irrevocable consent to service appointing the Director of the Department of Finance (Director) and his successors in office to be attorney of the applicant to receive service of any lawful process in any civil suit, action, or proceeding against the applicant which arises under the Idaho Collection Agency Act (Act) or any rule or order under the Act.

Idaho Code §26-2234(3) provides that every holder of an Idaho collection agency permit ("permittee") shall execute to the Director an agreement of consent to examination of any and all bank accounts of the permittee providing the Director with authority to make such an examination at any time the Director, in his discretion, deems it to be in the public interest.

( ) 501	poration	( ) Partnership	( ) Limited Liability Company	( ) Individual,	
whose address is	(street)		(city)	(state)	(zip)
	,		,	,	( 1 /
			the laws of the State of		
			ate an agency under the Idaho Coll lawful process in any civil suit, ac		
permittee which arises	under the Ac	t or any rule or ord	er under the Act, and consents to th	ne examination by the	Director
his designee, of any an union or other financia		s maintained by o	r for the permittee at any bank, savi	ings and loan associa	ition, cre
union of other imancia	i ilistitution.				
Dated this	day of		, <u>20</u> .		
Dated this	uay oi		, <u>20</u>		
		Name			
		Name (Printed, of indiv	idual, corporation, partnership, or	limited liability comp	anv)
		<b>(</b>	, , , , , , , , , , , , , , , , , , ,	<b>,</b>	<b>,</b> ,
		Title			
			icer, partner, or manager of limited	l liability company)	
		Signature			
		(Of individual, co	orporate officer, partner, or manage	er of limited liability c	
		,	71 /		ompany
State of		_)		,	ompany
State of		) ss:			ompany
		) ss:		,	ompany
County of		) ss: _)		·	
County of	RN to before r	)ss: _) me on this	day of	, <u>20</u>	
County of	RN to before r	)ss: _) me on this	day of or	, <u>20</u>	